

# **HEALTH OCCUPATION STUDENTS OF AMERICA**

## KY HOSA

### **STATE LEADERSHIP CONFERENCE 2017 CONFERENCE REGISTRATION PACKET**

**MARCH 16 - 18, 2017**

**CROWNE PLAZA HOTEL - LOUISVILLE AIRPORT**



# **Table of Contents**

<b>Table of Contents</b>	<b>2</b>
<b>Memo to Local HOSA Advisors</b>	<b>3</b>
<b>Deadline Dates and Important Information</b>	<b>4-5</b>
<b>Items to be Returned in Registration Packet</b>	<b>5</b>
<b>Special Note to Advisors</b>	<b>6</b>
<b>Best Practices</b>	<b>6-7</b>
<b>Things to Remember</b>	<b>8-9</b>
<b>Delegate Credentialing</b>	<b>9-10</b>
<b>Responsibility of Participants</b>	<b>10</b>
<b>Conference Attendance Criteria</b>	<b>11</b>
<b>KY HOSA Registration Form</b>	<b>12</b>
<b>Hotel Information and Reservation Form</b>	<b>13-15</b>
<b>Hotel Room Assignment Form</b>	<b>16</b>
<b>Medical Release Form</b>	<b>17</b>
<b>HOSA Code of Conduct Form</b>	<b>18</b>
<b>Courtesy Corp and Interns</b>	<b>19</b>
<b>Competitive Events List</b>	<b>20-21</b>
<b>Middle School</b>	<b>22</b>
<b>Competitive Events Updates</b>	<b>23-24</b>
<b>NAMI</b>	<b>25</b>
<b>Ronald McDonald</b>	<b>26</b>
<b>Things to Remember</b>	<b>27</b>
<b>Scholarship</b>	<b>28-32</b>

## Check agenda for arrival times

TO: HOSA Chapter Advisors

FROM: Elizabeth Bullock  
Kim Nealis Williams

DATE: December 1, 2016

SUBJECT: 2017 Kentucky HOSA State Conference

It is time once again for Kentucky HOSA members to begin preparation to participate in one of the year's most meaningful leadership activities -- the Annual State Leadership Conference.

The enclosed packet of material includes important information to assist you in preparing for HOSA Competitive Events.

Please have students' review and bring a copy (electronic or paper) of the current National HOSA guidelines for their competitive event. Competitive events guidelines are posted at <http://www.hosa.org>. Remember to read the guidelines.

The 39th Annual State Conference will be held March 16-18, 2017, at the Crowne Plaza Airport, Louisville, Kentucky.

**You must register your chapter online first and then submit registration packets to:  
Vicki Weaver, 300 Sower Blvd, 5<sup>th</sup> Floor SW 3, Frankfort, KY 40601.**

**On line registration opens January 12, 2017**

### **YOU MUST REGISTER ON LINE BY FRIDAY FEBRUARY 3RD**

Once the system is closed you cannot make additions or changes. There will be no refunds after registration closes. Your chapter is liable for all monies due regardless of attendance.

Registration will not be considered complete until you receive a confirmation email.

**You must also register your test proctors by this time.**

**Remember all tests are taken on line during the testing window**

You must have your charter # and

password to log in. Once logged in you need, student, competitive event, t-shirt size, courtesy corps, Unite to Serve, Ronald McDonald, national service project and HOSA intern info.

If you need assistance with your on-line registration, please contact

Elizabeth Bullock @ 502 - 564 - 4286 ext. 4253 [elizabeth.bullock@education.ky.gov](mailto:elizabeth.bullock@education.ky.gov)

Vicki Weaver @ 502 - 564 - 4286 ext.4245 [vicki.weaver@education.ky.gov](mailto:vicki.weaver@education.ky.gov)

- The banquet meal is the only meal provided. All other meals are on your own.
- There will be TWO seating for the meal. PLEASE register for your preferred time.
- We will try **to give you your preferenthere** are no guarantees. There is no assign seating.
  - Encourage attendance to the exhibitors in the exhibit area on Friday. The fees paid by the exhibitors go directly to fund HOSA scholarships.
  - **Please note:** National HOSA has additional scholarship opportunities at [www.hosa.org](http://www.hosa.org)
  - This scholarship is open for postsecondary now and secondary March 2017.  
<https://scholars.horatiaoalger.org/scholarships/>

- You will need your HOSA log in. Please register:**

- |                                       |                 |   |
|---------------------------------------|-----------------|---|
| * Students                            | * Test Proctors | * Advisors, Guests, Family, etc.              |
| * On- Line Registration <b>CLOSES</b> |                 | Friday, February 3 <sup>rd</sup>              |
| * Hotel Reservations (Hotel)          | <b>OPENS</b>    | Sunday, January 1 <sup>st</sup>               |
|                                       | <b>CLOSES</b>   | Friday, February 3 <sup>rd</sup>              |
|                                       |                 | <b>OR when our room block is sold out!!!!</b> |

You may register at any hotel of your choice after our room block is sold out.  
**KY HOSA** will not provide off site transportation.

For hotel reservations (EMAIL directly to hotel) You **must** use the excel sheet to reserve rooms. You should get a confirmation e-mail from the hotel a few days after you make the reservations.

- Registration Packets **MUST BE** Received in our office by US on Tuesday, February 7<sup>th</sup>  
**\*MAKE SURE to include a medical release, code of conduct and insurance cards for EVERYONE**  
**registered. Also include your registration paper, invoice and check. Failure to do so will cause you to**  
**be unable to attend the conference.**

- **NO late paper registrations accepted after 2/7**

- Ann Vescio Scholarship Application (Only one per school)  
(Send to Elizabeth Bullock)

- \* Online Submission of Recognition Events: (HATS) Friday, February 3<sup>rd</sup>

## HOSA Activity Tracking System: MRC Volunteer, Barbara James, National Service Project

- \* Submission of Outstanding Advisor Nomination  
(Send to Elizabeth Bullock)

- \* Submission of Outstanding State Leader Nomination  
(Send to Elizabeth Bullock)

- \* HOSA Happenings Friday, February 3<sup>rd</sup>

- \*The advisor & competitors must register with stem premier and upload all CE materials by Friday, February 3<sup>rd</sup>

\* **Online Testing Window**

**Opens:** Monday, February 6<sup>th</sup>

**Closes:** Friday, February 17<sup>th</sup>

No exceptions will be made. **Please schedule early to accommodate inclement weather.** We advise you to not wait until the last day to test. Remember the advisor cannot proctor the tests.

\* Competitive Event Scheduling Conflicts  
E-mail: Kim Nealis-Williams

Friday, February 3<sup>rd</sup>

\* Competitive Event Changes

Thursday, March 16<sup>th</sup> by 8:30 PM

**\*\*\*These can only be substitutions or deletions**

\* NO CHANGES ACCEPTED AFTER 3/16 AT 8:30 PM.

### **2017 KY Conference Registration Cost is \$60.00 per participant**

#### **Items to be returned included in Registration Packet**

Advisors are submitting registration on line and then mailing us the hard copies. Once we close the registration, the system cannot accept additional information.

- \* Registration Invoice from National HOSA Website
- \* KY HOSA Registration Form
- \* Medical Release Forms - make sure doctor's name and phone number are present on forms as well as the advisor's cell phone number.
- \* **Front and Back of medical insurance card for all attendees or letter from school district indicating student is covered during conference period. Dates of coverage required.**
- \* Code of Conduct for all attendees
- \* Student Eligibility Form if required for event
- \* Check payable to: *KY HOSA*
  - \* **Local Advisors** should write a separate check for their costs or a school board check. NOTE: Receipts are only issued to check issuers.
  - \* KY TECH teachers and staff **CANNOT** write a check for their registration. Vicki will do a DPR. \*\* see note below
- \* **\*\* KY TECH-OC TE Advisors:** We will initiate a DPR for your registration once KY HOSA SLC Registration closes. Vicki will send out a SurveyMonkey link for you to pass along to your secretary. This must be filled out so we know which accounting template to pull the money from. If you do not supply a template to Vicki by the registration deadline, then the money will be taken out of the ATC's general funds.
  - \* ALL persons attending the conference must register. ALL persons registered must pay the registration fee, except current KY HOSA State Officers and other designees.
  - \* This does not include local chapter officers.
- \* **HOTEL RESERVATIONS FORM** (pg.13-17)
- \* **Please arrange all the Forms in the same order as names are listed on the HOSA Registration Form (invoice from online registration) (ALPHABETICALLY – by last name) Doing this will save a tremendous amount of time during the registration process**

## SPECIAL NOTE TO LOCAL ADVISORS

Advisors,

Please remember that we will be collecting your Ronald McDonald House pop tabs at the state leadership conference in March. We asked that your tabs are inside a plastic bag and then placed inside a box. This will help us weighing the tabs. Also, please make sure that your school name is written on the box in a dark colored marker so we can easily identify your tabs. If they are not labeled, we will not know who to give credit to. All pop tabs must be turned in to **HOSA HQ by 10:00pm on Thursday, March 16th.**

Also, a reminder that we will be collecting your donations for **National Service Project with NAMI** as you come through the registration line. This is a great cause and we encourage everyone to donate.

Both the Ronald McDonald House and NAMI are listed on the online registration. Please make sure that you mark those boxes if your school will be donating money, items or pop tabs. It is not necessary to mark it on all your attendees, but please mark it on the advisor so we have record and know who to recognize.

### **Best Practice**

**Arrive Thursday night  
Register  
Credential your delegate  
Attend orientation meeting**

#### **Turn in competitive event changes by Thursday's deadline IMPORTANT LITTLE DETAILS**

- Individual appointment times will be given to the competitor at their event orientation. Event orientation times are listed in the program.
- Please turn in your pop tabs by 10:00pm on Thursday the 16<sup>th</sup>.
- Make sure that all students attend the orientation Thursday night for those events.
- There will be **open seating at the banquet. There are two meal sessions, please sign up your members during the online registration process. We will TRY to give your chapter their preference.**
- The banquet meal is the only meal provided. All other meals are on your own.
- Voting delegates & alternates must report with advisors across from the Registration Desk for credentialing on Thursday night **or** Friday morning. Refer to your program for times.
- **FYI** – Remember we are using the membership roster dated January 31, 2016 to verify voting delegate eligibility. We have several new HOSA chapters, welcome.
- **Unite to Serve:** The Unite to Serve box must have been checked during online registration if you wanted your chapter to be recognized.
- **Important note about registering teams:** To assure team members are placed on the correct team for competition, you must include a team number. PLEASE use the place (1st, or 2nd)

Please keep a copy of all forms, the medical release form, code of conduct form, and the front and back of the medical insurance coverage card. The same forms may be submitted if the individual is travelling to ILC.

### **On Site Conference Registration Process**

Please follow these procedures:

1. Advisor reports to **HOSA HQ Section 1** Collect your green school registration on clipboard
2. Advisor moves to **HOSA HQ Section 2** Turn in any paperwork or money, including donations and collect school packet
3. Advisor moves to **HOSA HQ Section 3** Collect your t-shirts and sign off. Then step aside to look at your shirts and make sure you have the correct sizes.
4. Return to **CE HQ Line 1** Turn in the green registration paper showing any changes. You will also need to sign off that you have all the correct t-shirt sizes that you registered for.
5. Advisor moves to **CE HQ Line 2** Collect your name tags, remove any that are not in attendance and give them to the CE staff.

**Advisory Network** – The hotel is providing a room to Kentucky HOSA for the networking room. The hotel room is (TBA).

**President and Advisor Recognition** - We want to recognize the local chapter presidents at the Opening Session at Conference. Local Presidents are asked to meet for practice. (See agenda)

State officer candidates: Example of ballot will be posted at HOSA HQ after interviews are completed.

Delegates: There are two delegate session your delegates must attend both sessions

Thank You!

**KY HOSA KENTUCKY HOSA STATE CONFERENCE RULES**  
**BUSINESS SESSION\* (HOSA ATTIRE MUST BE WORN)**

1. Immediately following the call to order, the Credentials Committee shall report the number of delegates and alternates registered as present with the proper credentials and the total number of persons registered for the conference. Each chapter shall report the number of delegates and say something about their chapter/county when recognized.
2. Immediately following the Credentials Committee report, the Chairperson of the Conference Rules Committee, or the designee will ask for a vote to adopt the conference proposed rules in their entirety, regardless of any previous distribution.
3. A quorum shall be constituted by representative delegates from a majority of the chartered local chapters.
4. Persons entitled to attend the Assembly of Delegates shall be delegates selected by local HOSA chapters. Identification badges (ribbon) will be provided for official delegates upon registration. Delegate badges must be worn for admittance to all sessions.
5. If an alternate is to replace a registered delegate, proper evidence of that delegate's withdrawal from such status must be approved by the Credentials Committee and the alternate pre-registered, with issuance of a delegate identification badge as a new delegate, before that person can sit or vote as a member of the Assembly of Delegates. No alternate or other person can substitute for a delegate who remains registered.
6. Only Official delegates shall be entitled to make motions, debate and vote.
7. All local association members and guests wearing a conference name badge may observe proceedings, without vote, from a specified area adjacent to the business area. They may not enter the voting delegates' section at any time during a business session.
8. Any person who is a guest or observer at the business sessions will have no voting privilege. The chair has the power to request these persons to leave the hall or to order their removal at any time during the meeting. A non-delegate has no right to appeal such an order from the chair.
9. Each motion and/or amendment must be submitted in writing to the secretary immediately after presentation.
10. No delegate shall speak in debate more than twice to a question, without the consent of the Assembly of Delegates.
11. No delegates who wish to speak can speak the second time until all who wish to speak have spoken once to the same question.
12. Debate shall be limited to two (2) minutes per person. Extension of time may be granted by a two-thirds vote of the Assembly of Delegates present and voting.
13. Each delegate at the conference will be expected to respect fellow delegates while they are in debate over a particular question or while they have the floor.
14. Notices for announcement(s) to the conference shall be in writing; signed by the person (or proper representative of the person) under whose authority the announcement is issued, and shall be sent to the desk of the secretary.



15. All persons attending the conference shall conduct themselves in such a manner as to be a credit to the HOSA organization. Any person not displaying exemplary behavior shall be subject to removal by order of the presiding officer.
16. The rules contained in the current edition of Robert's Rules of Order, Newly Revised shall govern this conference in all cases to which they are applicable and in which they are not inconsistent with these Conference Rules.
17. If it is necessary to take a vote to amend or rescind an individual conference rule after its adoption, the vote for its adoption will require a two-thirds vote by the Assembly of Delegates present and voting.

## **DELEGATE CREDENTIALING INFORMATION KENTUCKY HOSA BYLAWS**

### **ARTICLE VI MEETING**

- SECTION 1      ANNUAL MEETING**  
The annual state meeting site, dates, and the time shall be determined by the State Executive Council in consultation with the recommendations from the state advisor. The Annual State Conference is open to all active members; only credentialed delegates may vote.
- SECTION 2      REPRESENTATIONS**  
Members shall be represented in the state organization through selected delegates of local chapters.
- SECTION 3      VOTING DELEGATES**  
Each local chapter shall select voting delegates as determined by the number of active members within the local chapter according to the following scale.
- A.      Two (2) delegates for the first 30 members or less; an additional delegate for each additional (50) members or major fraction thereof (more than one half).
  - B.      In no case may any local chapter have more than five (5) voting delegates.
  - C.      Each local chapter may select an alternate for each delegate.
- SECTION 4      Ten (10) days prior to the Annual State Conference, the determination of the adoption of the additional voting delegates will be made according to the reported membership by the state advisor.**
- SECTION 5      Each delegate shall have one vote and shall be present and seated vote.**
- SECTION 6      QUORUM**  
A quorum for any meeting shall be constituted by representative delegates from a majority of the local chapters.

If a delegate or his/her alternate is absent from State Conference, no substitution is allowed.

All delegates and alternates shall be credentialed only at the designated time.

Credentialing Committee shall verify membership rosters and the official conference delegate registration sheet at the time of credentialing.

Please designate voting delegates on conference registration form.

Voting Delegates will be seated by chapters in a designated area. Chapters will be recognized at roll call.

Candidates for office may not serve as delegates or alternates. Voting Delegates may enter competition as long as competition does not interfere with Delegate/Business Sessions.

#### **OFFICIAL HOSA UNIFORM POLICY**

The official dress code for the **student members** for all general sessions at the KY SLC/ILC will be either of the following:

☐ **HOSA uniform** (see below)

**OR HOSA business attire**

#### **Competitive Event's Dress Attire:**

Delegates must adhere to the **Dress Code** as specified in the individual competitive event guidelines for the **orientation and event** in which they are competing. Bonus points may be given according to the individual guidelines.

For all competitive events, five (5) bonus points will be added once per competitor and/or team to the tally sheet for appropriate dress. In team events, all team members must be properly dressed to receive the bonus points. Exceptions are as noted in the event guidelines.

School tags, state badges or ID's must be removed or completely covered during competition.

#### **Official HOSA Casual Dress Attire:**

Appropriate dress for official social functions in conjunction with the KY SLC/ILC will include everything EXCEPT tank tops, halter tops, extremely short shorts or skirts and cut-offs. (Shirt straps must be two inches wide and the length of shorts and skirts must be at minimum to the fingertip.) See appendix F in the competitive event guidelines.

### **RESPONSIBILITIES OF CONFERENCE PARTICIPANTS**

- ⇒ **Adhere to the HOSA Code of Conduct.**
- ⇒ **Wear official HOSA uniform or appropriate business attire at conference activities.**
  - Exceptions**
    - **Recreation activities**
- ⇒ **Be prompt in attending sessions. Respect courtesy corps members**
- ⇒ **Be a mature HOSA member. Loud talk, boasting and horseplay are not becoming to a HOSA member.**
- ⇒ **Smoking is not permitted in THE HOTEL. Hence our business and general sessions, banquet, competitive events etc. are none smoking venous.**
- ⇒ **HOSA members need advisor permission and/or chaperone to leave the hotel. Please follow your school's policy for travel.**
- ⇒ **It is your responsibility to attend and be prompt for the activities assigned to you. Read your program carefully. If you do not know - ASK SOMEONE!**

## **CONFERENCE ATTENDANCE CRITERIA**

### **STUDENT ELIGIBILITY**

Only chapter members who are to be active participants are eligible to attend the conference. The chapter advisor or designee must accompany his/her delegation. It is recommended that one advisor supervise no more than eight (8) students. If your student delegation is more than eight (8), you may want to consider enlisting the assistance of a school staff member or parent to accompany your delegation.

Eligibility for each HOSA member attending the state conference on the criteria listed below:

1. Be an active member of HOSA.
2. Have the approval of the school administration.
3. Have the approval of the chapter advisor.
4. Have the approval of the parents (or guardian) if a minor.
5. **Have paid HOSA membership dues by December 31.**

### **ACTIVE PARTICIPANTS ARE:**

Adults: Chapter Advisors  
Judges and Officials  
Appropriate Chaperones (Parent and/or Local School Personnel)  
Special Guests  
State Staff

Students: Official Voting Delegates and Alternates  
State Officer Candidates  
National Officer Candidates  
Current State and Chapter Officers  
Courtesy Corps Members  
HOSA Interns  
Competitors Entered in Competitive Events  
Others as designated by the State Advisor

**Special Note: Participants must attend the state conference to be recognized for 1<sup>st</sup> – 5<sup>th</sup> place. This includes online testers, middle school and post-secondary students. No exceptions.**

## KENTUCKY HOSA REGISTRATION FORM

CHAPTER NAME \_\_\_\_\_

Chapter Fax # \_\_\_\_\_

ADVISOR Name(s) \_\_\_\_\_

Years as a HOSA Advisor (S) \_\_\_\_\_

Our chapter will participate in the Presidents recognition on Friday Yes \_\_\_\_\_ No \_\_\_\_\_

Names of Presidents: \_\_\_\_\_

Additional Banquet Tickets- **THERE ARE NO ASSIGNED SEATS**

\_\_\_\_\_ Quantity x \$40.00 = \_\_\_\_\_ Total Amount

Name(s) for Additional Banquet Tickets

\_\_\_\_\_

\_\_\_\_\_

If you have a student that needs interpretative services or other accommodations YOU MUST let us KNOW before the online registration closes. Please check the appropriate box and e-mail Elizabeth using interpreter in the subject line.

Yes \_\_\_\_\_ No \_\_\_\_\_

If you have a student or guest that needs has special dietary needs YOU MUST let us KNOW before the online registration closes.

Explain:

\_\_\_\_\_

## HOTEL INFORMATION

### HOTEL RESERVATION

1. Chapter Advisor will make all hotel reservations directly to the Crowne Plaza- Louisville Airport, 830 Phillips Lane, Louisville, KY 40209. Reservation requests are to be made on the **HOTEL ROOM RESERVATION FORM**. The Crown Plaza must receive on or before **Tuesday, February 7**, your reservation forms in order to reserve your rooms. Please email the completed forms to:
2. [tbarnes@cplouisville.com](mailto:tbarnes@cplouisville.com)
3. [sguinn@cplouisville.com](mailto:sguinn@cplouisville.com) (CC)
4. [jbell@cplouisville.com](mailto:jbell@cplouisville.com) (CC)
5. [vicki.weaver@education.ky.gov](mailto:vicki.weaver@education.ky.gov) (CC)

**YOU MUST provide the hotel with an e-mail address to send the confirmation for your room(s) back to you.**



KY HOSA Room List  
Format.xls

### **YOU MUST COMPLETE THIS FORM AND E MAIL IT TO THE HOTEL**

To ensure reservations, a one-night deposit (including state and local taxes) using a check, money order or a major credit card with expiration date and signature is required.

All participants requiring overnight lodging are to stay at convention hotel.

### Registration

1. Plan your arrival for ample time for check-in and registration.
2. Check your delegation into the hotel BEFORE registering for the conference, if possible. In some instances, your hotel rooms may not have been vacated or cleaned upon your arrival, however, the hotel will make every effort to have the rooms available when you arrive. **(Official check in time is 3:00 p.m.)**
3. Be prepared to list all students' and advisors' room numbers on the enclosed HOTEL ROOM LIST. This list must be turned in **at the HOSA registration desk** when you register your delegation for the conference. You may want to note on your hotel reservation form that the advisor's room must be located on the same floor and in close proximity to your students. **(OR you can print the excel sheet and add the room numbers)**
4. Notify the Crowne Plaza within 3 – 4 days of the conference of any hotel room changes.

### HOTEL ACCOUNTING OFFICE

Checks must be approved by hotel's business office.

## **HOTEL CHECK OUT**

1. As with checking in, the advisors are responsible for checking their students out of the hotel.
2. Check hotel room conditions prior to checkout and departure. The hotel will also be checking room conditions prior to checkout.
3. Each student and/or chapter is responsible for any damage to hotel property.
4. No room service and/or phone calls are to be charged to room during conference. Miscellaneous charges must be paid prior to checkout.
5. The hotel requests that all luggage be placed in the advisor's room or in the Crown A on Saturday to facilitate the room checks and cleaning. All rooms will be checked by the hotel staff before the end of the closing session.

*YOU MUST E-MAIL*  
*(1) THE HOTEL RESERVATION FORM &*  
*(2) SCHOOL INFORMATION FORM*  
*(MUST COMPLETE & EMAIL TO THE HOTEL & VICKI)*

### **SEND TO per e-mail:**

**Reservations Office Crowne Plaza – Louisville Airport** Please email the completed forms to

1. [tbarnes@cplouisville.com](mailto:tbarnes@cplouisville.com)  
**and CC**
2. [sguinn@cplouisville.com](mailto:sguinn@cplouisville.com)
3. [jbell@cplouisville.com](mailto:jbell@cplouisville.com)
4. [vicki.weaver@education.ky.gov](mailto:vicki.weaver@education.ky.gov)



KY HOSA Room List  
Format.xls

Hotel Reservation Form →

**SCHOOL INFORMATION FORM**  
**Kentucky HOSA SLC 2017**

Please EMAIL your reservation directly to The Crowne Plaza on these forms. The hotel must receive reservations no later than **Tuesday, February 7,**

**ROOM RESERVATION RATES without taxes**

**Room per night: \$110.60**

**ROOM RESERVATION RATES with taxes**

**Room per night \$117.23.**

**\*\* (If a school is tax exempt, it is \$110.60 per room per night. (This is only true if you use a school or HOSA check).**

**SCHOOL INFORMATION (MUST COMPLETE)**

Chapter Number \_\_\_\_\_ Advisor Name \_\_\_\_\_

Advisor's email \_\_\_\_\_ Advisor's Cell # ( ) \_\_\_\_\_

School/College \_\_\_\_\_

Address \_\_\_\_\_

City State \_\_\_\_\_ Zip Code \_\_\_\_\_

School Phone \_\_\_\_\_ School Fax \_\_\_\_\_

Check One: ☐ Secondary ☐ Postsecondary/Adult ☐ Middle School

Check One: ☐ HOSA Check ☐ School Check ☐ Credit Card ☐ Cash

Other, explain (Purchase Order)

\_\_\_\_\_

**SALES TAX EXEMPTION**

If your school is tax exempt, write the exemption number in the space provided below and either attach or bring with you a Purchase Exemption Certificate (Form 51A126).

\_\_\_\_\_ Sales Tax Exemption Number

We will arrive: Date \_\_\_\_\_ Time \_\_\_\_\_

We will depart: Date \_\_\_\_\_ Time \_\_\_\_\_

**\*\*TAX EXEMPTION FORM CAN ONLY BE USED WITH A SCHOOL OR HOSA CHECK\*\***

**Hotel telephone number 800-633-8723**

**ROOM ASSIGNMENT FORM**  
**RETURN TO HOSA HQ BY 8:00 PM THURSDAY**

**YOU may also use the excel from instead of completing this form**

School/College: \_\_\_\_\_

Advisor: \_\_\_\_\_

Please type or clearly print complete names of room occupants below, as they should be grouped in the rooms. Check whether single, double, triple or quad at the left of the form and circle the information at the right side of the form. **HOSA ONLY needs the hi-lighted areas completed.** Feel free to copy the form as needed.

Room Assignment	Room Type	Complete Name for Each Room Occupant	(M) Male (F) Female (A) Advisor (G) Guest	Daily Rate for Room	Lodging Tax Per Night	Total
	____ Single	1. _____	M F A G	\$_____	\$_____	\$_____
	____ Double	2. _____	M F A G	\$_____	\$_____	\$_____
	____ Triple	3. _____	M F A G	\$_____	\$_____	\$_____
	____ Quad	4. _____	M F A G	\$_____	\$_____	\$_____
	____ Single	5. _____	M F A G	\$_____	\$_____	\$_____
	____ Double	6. _____	M F A G	\$_____	\$_____	\$_____
	____ Triple	7. _____	M F A G	\$_____	\$_____	\$_____
	____ Quad	8. _____	M F A G	\$_____	\$_____	\$_____
	____ Single	9. _____	M F A G	\$_____	\$_____	\$_____
	____ Double	10. _____	M F A G	\$_____	\$_____	\$_____
	____ Triple	11. _____	M F A G	\$_____	\$_____	\$_____
	____ Quad	12. _____	M F A G	\$_____	\$_____	\$_____
					<b>Total</b>	<b>\$_____</b>

**Summary of Rooms**

\_\_\_\_\_ Singles    \_\_\_\_\_ Doubles    \_\_\_\_\_ Triples    \_\_\_\_\_ Quads



## Medical Liability Release Form

**DIRECTIONS:** Due to legal restrictions, it is necessary that **all** delegates, parents/guardians, guests and HOSA Advisors complete this form to be eligible to attend **any** 2016-2017 HOSA Meetings / Conferences. This form should be submitted to the State Advisor.

**PLEASE TYPE OR PRINT ALL INFORMATION**

*Delegate Name* \_\_\_\_\_ *Parent/Guardian Name* \_\_\_\_\_  
Name \_\_\_\_\_ Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
Parent/Guardian/Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Student's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Physician's Address: \_\_\_\_\_  
Alternate Contact: \_\_\_\_\_  
Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Local Advisor: \_\_\_\_\_ School Name: \_\_\_\_\_  
Local Advisor Cell Phone # \_\_\_\_\_  
Student is covered by group or medical insurance: \_\_\_\_ Yes \_\_\_\_ No  
If yes, complete the following information:  
Name of insured: \_\_\_\_\_ Insurance Company: \_\_\_\_\_  
Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Please completely describe any medical condition which may recur or be a factor in medical treatment:  
a. Allergies: \_\_\_\_\_ e. Physical Handicap: \_\_\_\_\_  
b. Convulsions \_\_\_\_\_ f. Medicine Reactions: \_\_\_\_\_  
c. Blackouts: \_\_\_\_\_ g. Disease of any kind: \_\_\_\_\_  
d. Heart/lung problems: \_\_\_\_\_ h. Other (Be specific): \_\_\_\_\_

If currently taking medication, please provide the following information:

Name of medication: \_\_\_\_\_  
Prescribing Physician/Phone Number: \_\_\_\_\_

**LIABILITY RELEASE.** I certify that the information described above is accurate and complete to the best of my knowledge. I understand that each individual is responsible for his/her own insurance coverage during this trip. I hereby release the National/State HOSA Board of Directors, the National/State Staff, State and Local HOSA Associations, and any designated individual in charge of the HOSA group or specific activity from any legal or financial responsibility with respect to my personal or my student/child's participation in or contact with any known element associated with an activity including competitive events.

**PARENT/GUARDIAN:** Please check one of the following and sign your name.

- ☐ I give my permission for immediate medical treatment as required in the judgment of the attending physician. Notify me and/or any persons listed above as soon as possible.  
☐ I do not give permission for medical treatment until I have been contacted.

Parent/Guardian's Signature: \_\_\_\_\_ Date \_\_\_\_\_  
**(Delegates under the age of 18 and must be signed by the parent or legal guardian.)**

Delegate's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Advisor needs to keep a copy of this form. Send originals with registration package**

## 2016-2017 State / National HOSA Conduct Code

A good reputation enables members to take pride in their organization. HOSA members have an excellent reputation. Your conduct at any HOSA function should make a positive contribution to the reputation that has been established.

1. Your behavior at all times should be such that it reflects credit to you, your School / college, your state, your local chapter, and HOSA.
2. Student conduct is the responsibility of the local chapter advisor. Students shall keep their advisors informed of their activities and whereabouts at all times. (HOSA Conference name badges shall be worn at all times at HOSA functions)
3. You are expected to attend all general sessions and other scheduled conference activities. Please be prompt and show respect to those in the audience and on stage.
4. Members are to report any accidents, injuries or illnesses to their local or state advisor immediately.
5. Members are expected to observe the designated curfew. (Curfew means that each person must be in own room by the designated hour.)
6. If a student is responsible for stealing or vandalism, the student and his/her parents will be expected to pay any and all damages.
7. Members/participants attending the HOSA Leadership Activity may not purchase, consume or be under the influence of alcohol or drugs at any time. Violators will be subject to stringent disciplinary action.
8. HOSA would like to become a smoke-free conference; however, smoking is allowed only in designated areas provided by the hotel.. Please show respect to non smokers, and roommates by adhering to school policy.
9. Students who disregard the rules will be subject to disciplinary action and will be sent home at their own expense. Parents will be notified.
10. Any long distance phone calls, charges to the room, etc. will be the responsibility of the individual student and/or parents.
11. Members are to abide by the National HOSA attire policy at all sessions, tours and other academy activities.
12. As a delegate to any State / National HOSA Conference, permission is granted to make photographs, videotapes, broadcasts, and/or sound recordings, separately or in combination, available for reproduction for educational and promotional purposes by State / National HOSA.
13. No illegal drugs or narcotics can be purchased, sold or used during any HOSA activity.

I have read the above Code of Conduct for ALL HOSA conferences and agree to abide by these rules.

Print Name of Parent/Guardian	Parent/Guardian Signature	Date
Print Name of Student	Student Signature	Date

## **KENTUCKY HOSA COURTESY CORPS AND HOSA INTERN INFORMATION**

Any student may be signed up to participate as a Courtesy Corps member, but KY HOSA Interns are limited to students that have completed a written test in a Category I event that are designed for a written test only or interns that participated in KLTl. Interns are limited to one per school unless permission from Kim Nealis-Williams to have an additional member has been granted.

Intern who do not meet the criteria will be moved to CC. **Courtesy Corps members are limited to 3 per school. Courtesy Corps members may sign up for more than one time frame.**

Both groups are vital and needed to assist with conference activities.

### **Courtesy Corps Information**

**Orientation** – mandatory –

Thursday, March 16<sup>th</sup> – 9:00 pm –10:00 pm – Crowne A

#### **Shifts**

1a – Friday, March 17<sup>th</sup> – 7:50 am – 1:00 pm

1b – Friday, March 17<sup>th</sup> – 11:45 pm – 4:30 pm

2a – Saturday, March 18<sup>th</sup> – 8:00 am – 12:00 pm

### **HOSA Intern Information**

**Orientation** – mandatory

Orientation – Thursday, March 16<sup>th</sup> – 7:00 pm – 8:00 pm – Crowne C

### **Courtesy Corps Members:**

Once you attend the orientation on Thursday you are ready for Friday and Saturday, Report to the Kentucky HOSA Courtesy Corps Headquarters located at the HOSA Headquarters fifteen (15) minutes before assigned time to sign the Courtesy Corps register. Then report to the Event Chairperson at your assigned location. Greet participants entering a program or session.

Wear your name badge and Courtesy Corps Ribbon throughout the duration of your assignment.

After your assignment is finished, please return your Courtesy Corps button to HOSA Headquarters and pick-up your Courtesy Corps pin. Courtesy Corps Chairpersons (Advisors) will make rounds to assist courtesy corps members.

Notify the Courtesy Corps Chairperson at Competitive Event Headquarters immediately if you encounter any problems.

CC should allow HOSA Staff members to enter any activity. State staff will be identified with specific ribbon on their name badge

Report to Competitive Event HQ for Courtesy Corps fifteen (15) minutes before assigned time to sign the Courtesy Corps register. Then report to the Event Manager at your assigned location.

Greet participants entering a program or session.

Wear your name badge and Courtesy Corps Ribbon throughout the duration of your assignment.

**Remember: Competitors that place 1<sup>st</sup>, 2<sup>nd</sup>, or 3<sup>rd</sup> in their events are eligible to compete @ the International Leadership Conference ILC.**

**The Health Care Issues Exam will recognize all that reach mastery level. Any student being recognized in Health Care Issues Exam is eligible to attend and compete @ ILC.**

## KY HOSA COMPETITIVE EVENTS PROGRAM

HOSA members are encouraged to take full advantage of the National/International HOSA Competitive Events Program, A constantly expanding and improving series of healthcare-related competitive events. At the 2017 SLC, HOSA is sponsoring 49 REGULAR Events and 7 Recognition Opportunities.

**HOSA members may enter only one competitive event at the KY HOSA State Leadership Conference and ILC.**

### **Health Science Events**

Dental Terminology

ONLINE TEST ONLY

Health Career Exploration

Medical Spelling

online testing and onsite event

Medical Terminology

ONLINE TEST ONLY

Medical Math

ONLINE TEST ONLY

Medical Reading

ONLINE TEST ONLY

#### **Knowledge Tests:**

Behavioral Health

ONLINE TEST ONLY

Human Growth & Development

ONLINE TEST ONLY

Medical Law and Ethics

ONLINE TEST ONLY

Nutrition

ONLINE TEST ONLY

Pathophysiology

ONLINE TEST ONLY

Pharmacology

ONLINE TEST ONLY

Transcultural Health Care

ONLINE TEST ONLY

### **Health Professions Events**

Biomedical Laboratory Science

online testing and offsite event

Clinical Nursing

online testing and offsite event

Clinical Specialty

Dental Science

online testing and offsite event

Home Health Aide

online testing and offsite event

Medical Assisting

online testing and offsite event

Nursing Assisting

online testing and offsite event

Personal Care\*

May be an offsite event

Physical Therapy

online testing and offsite event

Sports Medicine

online testing and offsite event

Veterinary Science

online testing and onsite event

### **Emergency Preparedness Events**

CERT Skills

online testing and onsite event

CPR/First Aid

online testing and onsite event

Epidemiology

online (scenario @ conference)

Life Support Skills\*

MRC Partnership 2 per chapter

Public Health

## **Leadership Events**

Extemporaneous Health Poster  
Extemporaneous Writing  
Healthy Lifestyle  
Health Career Photography  
Interviewing Skills\*  
Job Seeking Skills  
Prepared Speaking  
Researched Persuasive Writing & Speaking  
Speaking Skills\*

online testing and onsite event

## **Teamwork Events**

Biomedical Debate  
Community Awareness  
Creative Problem Solving  
Forensic Medicine  
Health Career Display  
Health Education  
HOSA Bowl  
Medical Innovation  
Parliamentary Procedure  
Public Service Announcement

online testing and onsite event

online testing and onsite event

online testing and onsite event

online testing and onsite event

## **Recognition** (competitors may participate in as many Recognition Events as they wish.)

Barbara James Service Award  
Healthcare Issues Exam  
HOSA Happenings  
MRC Volunteer Recognition  
National Service Project  
HOSA Chapter Reflection  
Outstanding State Leader

online testing

Talent Show **(State Only)**

- Solo **(TS)**

- Group **(TG)**

-Ann Vescio Scholarship **(State Only)**

-Other scholarships as sponsored **(State Only)**

**Applications for these scholarships are in this packet.**

***\*Only for students classified under the federal regulations, Individuals with Disabilities Education Act of 1997—Amended (IDEA) may participate. Must complete a “Student Eligibility Form” for these events. Eligibility forms may be found at [www.hosa.org](http://www.hosa.org) under each individual competitive event.***

# Middle School

## Competitive Events Preview 2016–2017



### Health Science Events

- ▲ Medical Terminology
  - Davies, Illustrated Guide to Medical Terminology. Cengage Learning*
  - Gyllys & Masters, The Medical Terminology Express, 2nd Ed. FA Davis/BE Publishing*
- ▲ Medical Reading
  - Gifted Hands, The Pact, First Woman Doctor*
- ▲ Nutrition
  - Roth, Nutrition and Diet Therapy, Cengage Learning*
- ▲ Health Career Exploration
  - Winger & Blahnik, Introduction to Health Science. Goodheart Willcox*

#### Leadership Events

- Extemporaneous Health Poster
- Healthy Lifestyle
- Prepared Speaking
- Speaking Skills (Special Needs event)

### Emergency Preparedness Events

Public Health

### Teamwork Events

- Health Education
- Health Career Display

### Recognition Events

- Barbara James Service Award
- National Service Project
- HOSA Happenings
- HOSA Chapter Reflection

Modified Competition for Middle School Division. Check guidelines in August for specific information.  
[www.hosa.org/guidelines](http://www.hosa.org/guidelines)



# COMPETITIVE EVENTS UPDATE 2016-2017



AUGUST 04, 2016

Event	Update
<b>HEALTH SCIENCE AND RECOGNITION EVENTS</b>	
<b>Behavioral Health</b>	Additional resources added: National Alliance on Mental Illness. It can be found at the following link: <a href="http://www.nami.org">www.nami.org</a> and CVS Prescription Drug Abuse found at the following link: <a href="http://cvshealth.com/thought-leadership/prescription-drug-abuse">http://cvshealth.com/thought-leadership/prescription-drug-abuse</a>
<b>Dental Terminology</b>	Test plan changed to reflect better alignment with resources.
<b>Medical Reading (SS &amp; PS/C)</b>	<i>Wonder</i> – Raquel Palacio <i>Dr. Mutter's Marvel</i> – Cristin O'Keefe Aptowicz <i>Extreme Medicine</i> – Dr. Kevin Fong <i>The Man Who Touched His Own Heart</i> - Rob Dunn <i>The Secret: What Great Leaders Know &amp; Do</i> – Ken Blanchard & Mark Miller
<b>Medical Reading (Middle School)</b>	<i>Gifted Hands</i> – Dr. Ben Carson <i>The Pact</i> – Sampson Davis, George Jenkins & Rameck Hunt <i>The First Woman Doctor</i> – Rachel Baker
<b>Transcultural Health</b>	Test plan changed to reflect better alignment with resources.
<b>HOSA Marketing Challenge</b>	Event Retired.
<b>Health Care Issues Exam</b>	New websites added and time frame for test questions have been changed. State Test: July 1 – Nov 30 <sup>th</sup> and ILC Testing: Dec 1 – April 30 <sup>th</sup>
<b>Medical Spelling</b>	Mosby text has been removed; other resources remain the same.
<b>Medical Math</b>	Updates to the conversion charts have been made.
<b>National Service Project</b>	National Alliance on Mental Health (NAMI) <a href="http://www.nami.org">www.nami.org</a>
<b>HEALTH PROFESSIONS EVENTS</b>	
<b>Veterinary Science</b>	The parasite identification skill has been removed; and additional skill for restraint of a feline has been added.
<b>Nursing Assisting</b>	Addition of Discharge of Patient skill; test plan changed to better reflect alignment with resources.
<b>Personal Care</b>	Skill added - Discharge of Patient.
<b>EMERGENCY PREPAREDNESS EVENTS</b>	
<b>CERT</b>	Test plan changed to reflect better alignment with resources.
<b>CPR/First Aid</b>	New AHA guidelines will be reflected in the guidelines.
<b>EMT</b>	Beebe & Funk text has been deleted and replaced by Emergency Care & Transportation of the Sick and Injured.
<b>Epidemiology</b>	Web site has been added as a resource: <a href="http://www.phe.gov/preparedness/pages/default.aspx">http://www.phe.gov/preparedness/pages/default.aspx</a>
<b>Life Support Skills</b>	Infant CPR has been added as a skill. New AHA guidelines will be reflected in the guidelines.
<b>Public Health</b>	2016 -2017 Topic:  <i>Combating Zika and Future Threats- What is the best way to detect and respond to this emerging disease?</i>

LEADERSHIP EVENTS	
Researched Persuasive Speaking	<p><b>Name change:</b> <b>Researched Persuasive Writing and Speaking</b></p> <p>2016-2017 Topics:</p> <p><i>Prescription Painkiller Abuse: Who's at Fault?</i></p> <p><i>Smartphone Addiction: A Problem or a Sign of the Times</i></p>
Prepared Speaking and Speaking Skills	<p>2016-2017 Topic:</p> <p><b>Leadership – Service – Engagement</b></p>
Medical Photography	<b>Name change:</b> <b>Health Career Photography</b>
TEAMWORK	
Medical Innovation	<p>This event has been changed to two tracks:</p> <ul style="list-style-type: none"> <li>- Medical Innovation - Original</li> <li>- Medical Innovation – Advancement</li> </ul> <p>Both tracks will be recognized with finalists and medals in each of the two tracks.</p>
Forensic Medicine	Test plan changed to reflect better alignment with resources.
Biomedical Debate	<p>2016-2017 Topic:</p> <p><i>America has the best health care system in the world.</i></p>
Public Service Announcement	<p>2016-2017 Topic:</p> <p><i>My Preparedness Story: Staying Healthy and Resilient!</i></p>
GENERAL CE UPDATES	
APA Formatting	APA formatting will be used throughout the guidelines, when events have an applicable component.
STEM Premier	Look for incorporation of STEM Premier in the following events: Job Seeking Skills, Interviewing Skills, Researched Persuasive Writing & Speaking, Clinical Specialty, Health Career Photography, Public Service Announcement and more!
Round One Rating Sheets	Preliminary 1-4 scoring will be replaced by Round One Rating Sheets in the following events: Health Career Display, Public Service Announcement, Research Persuasive Writing & Speaking and Health Career Photography.
Middle School Division	<p>The following additional events will be open to Middle School competitors at ILC 2017. These are in addition to 12 events offered last year.</p> <ul style="list-style-type: none"> <li>• Health Career Exploration</li> <li>• Medical Reading</li> <li>• Medical Terminology</li> <li>• Nutrition</li> </ul>
Display Time	Project Display Time is now a required component of the following events: Health Career Photography, Health Career Display, and Medical Innovation.



HOSA's National Service Project is NAMI.



# National Alliance on Mental Illness



**1 in 5 people battle some form of mental illness**

Let's help raise money to fund research and help our friends, family and neighbors battle mental illness!

## KY HOSA's State Service Project is the Ronald McDonald House.

This is a project we run every year to support our state. We collect pop tabs throughout the year to be turned in at the state leadership conference in March. Pop tabs can be recycled for money, so the more pop tabs we collect, the bigger the check we can turn over to the Ronald McDonald House.



### 2015 YEAR IN REVIEW



**MORE THAN 7.1 MILLION**  
CHILDREN AND FAMILIES SERVED  
(25% INCREASE OVER 2014)



**210**  
RONALD McDONALD  
FAMILY ROOMS



**350**  
RONALD McDONALD  
HOUSES



**50**  
RONALD McDONALD  
CARE MOBILES®



APPROXIMATELY

**199,000**

RONALD McDONALD  
CARE MOBILE® VISITS  
(39% INCREASE OVER 2014)



AGGREGATE SAVINGS TO  
FAMILIES IN LODGING  
AND MEAL COSTS:  
**\$700 MILLION**



**63**  
COUNTRIES  
& REGIONS



**390,000**

**VOLUNTEERS**  
(22% INCREASE OVER 2014)

## Remember to bring

- Parade of Presidents - chapter banner/flag
- Competitive Guidelines for each participant/team
- All starred items listed on the competitive event guidelines
- Pencils
- Bingo Prizes
- Pull tabs – in a box lined with plastic
- Ann Vescio & NAMI Donations
- Hotel Confirmation Documentation. You should get an e-mail from the hotel.
- Medical Release Forms – including front and back of health insurance card and Code of Conduct to keep with you during travel
- Room Assignment Form or spreadsheet

**SEE YOU SOON!**



## Kentucky HOSA Scholarship Application

Revised 2015

As part of this application, scholarships are provided by sponsors such as:

- Ann Vescio Scholarship Fund
- .....and others as sponsors are obtained

Please do not contact sponsoring agency directly as all processes and awards are administered by HOSA.

### Procedure

1. Scholarships are available to either a senior secondary or postsecondary/collegiate HOSA member who plans to continue or further his/her education in the healthcare field.
2. All scholarship materials must be mailed together in one envelope. This includes letters of reference, transcripts, etc. Incomplete applications will not be considered.
3. All applications must be typed, word-processed, or written legibly. All applications must be grammatically correct and complete for acceptance and review by HOSA.
4. All applications are to be submitted by the student applicant or HOSA advisor and mailed directly to **Elizabeth Bullock, 300 Sower Blvd., 5<sup>th</sup> Floor SW, Frankfort, KY 40601.**
5. There is a limit of one application per scholarship per school.
6. Applications must be RECEIVED no later than, February 5, 2017 for consideration. Late arrivals will not be considered.
7. The Scholarship Awards Committee will make the final decision on scholarship awards and scholarship recipients will be announced at the State Leadership Conference.
8. A check for the monetary award will be presented to the HOSA member's school of choice once they are enrolled and notify Elizabeth Bullock of their school and the student ID number.
9. The amount and number of scholarships will vary from year to year. Only one application is needed for HOSA members to be considered for ALL HOSA scholarships.
10. The recipient is required to attend the SLC in order to receive his/her award.

### Criteria

1. Applicants must be currently enrolled in a health science education program and be a member of HOSA.
2. The scholarship application packet must include the following
  - a. Transcript – A current, official transcript.
  - b. Further Education – Indicate the Postsecondary Career and Technology Program, Community College or 4-year College you are planning to attend. (if acceptance letter is available, please provide a copy. If not available, please include a statement indicating the letter is not available and state your future plans in regard to your education.)

- c. Leadership Activities and Recognition – Substantiating evidence of leadership, responsibility and character through HOSA and other activities. A list of activities could include: offices held, awards and honors, and personal involvement.
- d. Community Involvement – A listing of all community service activities, volunteer experience, etc. and a description of each activity (minimum of one paragraph on each activity listed).
- e. References – Three (3) written references are required. The names and addresses of references must be listed on the application. References should document the applicant's scholarship, leadership abilities, interpersonal skills, integrity, and potential in the health profession and must be provided by any of the following:
  - i. A teacher, advisor, principal, or director of the Health Science program
  - ii. An employer
  - iii. Any other source other than a relative
- f. Personal Statement – Applicants must submit an essay of less than 200 words to include the following information. (This essay can be either word-processed or handwritten.)
  - i. Describe three (3) exemplary qualities gained through your HOSA experiences, and how you plan to use them in your future college, community and career.

# Kentucky HOSA Scholarship Application Form

Name: \_\_\_\_\_

HOSA Division (Secondary, Postsecondary, or Collegiate): \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

Advisor's Name & Phone: \_\_\_\_\_

Career Goal: \_\_\_\_\_

(Be Specific as to career – nurse, doctor, physical therapist, etc.)

Have you been accepted to a postsecondary or collegiate program to pursue your education as of this submission? Yes \_\_\_\_\_ NO \_\_\_\_\_

If yes, please provide the institution name: \_\_\_\_\_

If no, please indicate where you have applied: \_\_\_\_\_

Local HOSA Advisor: \_\_\_\_\_

## **Transcript Information** (20 points)

Indicate Grade Point Average (GPA): \_\_\_\_\_ (on a 4.0 non-weighted scale)

(If in an Honor's Program, please convert your GPA to a 4.0 scale)

Rank in Class \_\_\_\_\_ Number in Class \_\_\_\_\_

Indicate SAT and ACT Scores, if available. (If not available, leave blank)

SAT scores: Critical Reading: \_\_\_\_\_ ACT cumulative scores: \_\_\_\_\_

Math: \_\_\_\_\_

Writing: \_\_\_\_\_

- ☐ Please check if you are a member of the National Technical Honor Society
- ☐ Please check if you are a State Officer

Attach the Following

- ☐ Transcript
- ☐ Further Education Intent
- ☐ Leadership Activities
- ☐ Community Involvement
- ☐ References
- ☐ Essay
- ☐ Optional: Please attach a picture with the application to be used in press releases announcing the recipients.

**References** – list name of the person submitting a letter for each category listed below. (9 points)  
**References** – list name of the person submitting a letter for each category listed below. (9 points)

1. A teacher, advisor, principal, or director of the Health Science

2. An employer or community leader

3. Any other source other than a relative

**Leadership Activities and Recognition** (30 points)

List HOSA and OTHER school offices you have held, activities you have been involved in, and a clear statement of your leadership, responsibility, and commitment for each. (If additional space is needed, attach a sheet of paper.)

Year	Office Held or Committee	Responsibilities

**Community Involvement** (15 points)

List community activities other than HOSA or school activities listed above that you were involved in and/or awards received. (If additional space is needed, attach a sheet of paper.)

Year	Office Held or Committee	Responsibilities



The following form will be used to rate the applications as part of the final selection process. **Please DO NOT complete or send as part of the application.**

## HOSA Scholarship Application Rating Sheet

1. Transcript: 18 points maximum
  - a. GPA 8 points
  - b. Other (test scores, attendance, etc.) 5 points
  - c. Awards (honors or educational societies that 5 points  
(indicate the quality of your academic performance)
2. Leadership Activities and Recognition: 28 points maximum  
Evaluate the quantity and quality of activities in HOSA, other student and school organizations: athletics, band, and other activities that require leadership skills.
  - a. HOSA Leadership 5 points
    - Quality of leadership activities, clear evidence of leadership, responsibility, and activities 9 points
  - b. Number and variety of leadership activities 9 points
  - c. Recognition and awards 9 points
3. Community Involvement: 15 points maximum
  - a. Quality, quantity, duration, and impact of community service activities 15 points
4. References: 9 points maximum
  - a. Each reference rated as follows: 9 points
    - i. Outstanding reference with specific examples (3points)
    - ii. Outstanding but general (2 points)
    - iii. Good (1 point)
5. Essay: 20 points maximum 20 points
6. Interview: 10 points maximum 10 points

**Total Points**

Comments: